

An
Inaugural Essay
On
Erysipelas

Read March 12. 18.

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in the

University of Pennsylvania

By
George Powell
of

Pennsylvania

to
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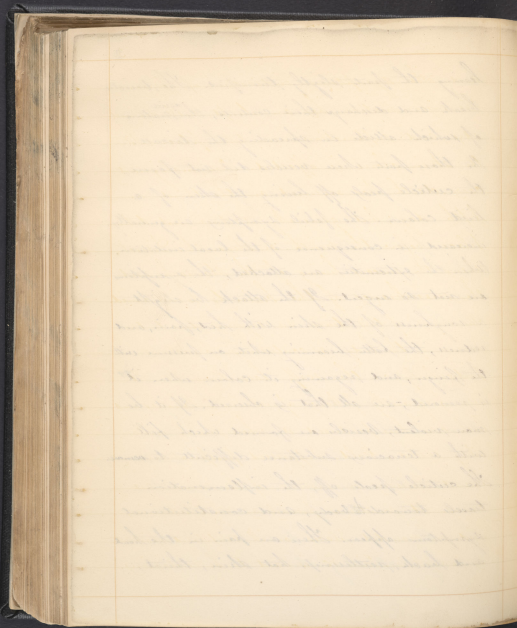
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Erysipelas, Rose, St. Anthony's Fire,
Spang Lacer, are terms which have been employ-
ed for various reasons to ^{designate} a disease of the
Dermoid System, marked by redness, pain, and
inflammation, attended with febrile action.
Every part of the body is liable to this
affection, but the face & extremities most
frequently suffer. When the face is attacked,
the local appearances are generally preceded by
pain in the head, coma, delirium, a full
strong pulse, & perhaps nausea, or vomiting.
These having existed for two, or three days, the
skin on the face becomes of a fiery red colour,
a burning or itching pain is felt, and in
a short time, vesicles are formed, which are
filled with a transparent, acid, fluid.
The inflammation in bad cases spreads
rapidly attaching the scalp & neck and

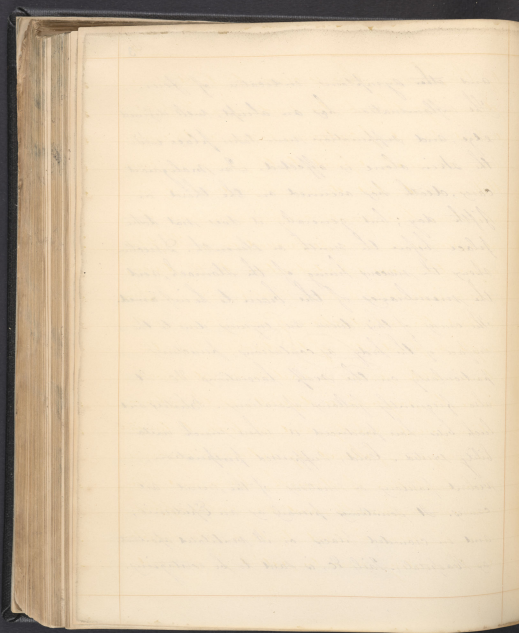
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leaving the part slightly tumefied. The vesicles break and discharge their contents, the ^{acid} exudation of which assists in spreading the disease.

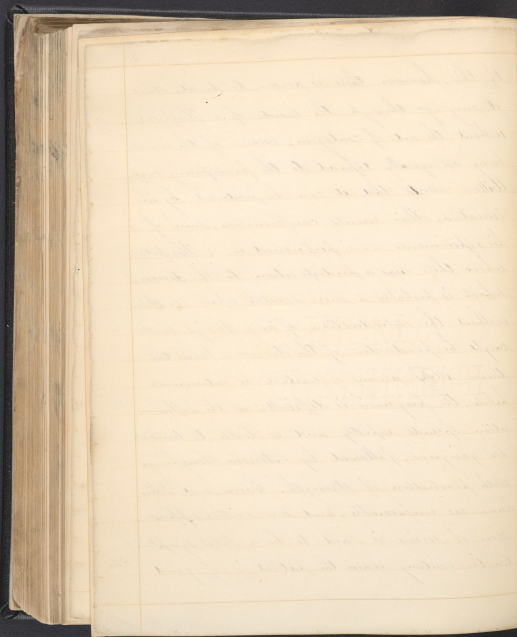
In those parts where vesicles did not form, the cuticle peels off leaving the skin of a livid colour. The febrile symptoms are generally increased in consequence of the local irritation. When the extremities are attacked, the symptoms are not so urgent. If the attack be slight a roughness of the skin with heat, pain, and redness, the bottom becoming white on pressure with the finger, and regaining its colour when it is removed, - are all that is observed. If it be more violent, vesicles are formed which fill with a tenacious substance difficult to remove. The cuticle peels off, the inflammation travels towards the body, and constitutional symptoms appear. There are pain in the head and back, restlessness, hot skin, thirst,



and other symptoms indicative of fever. The inflammation has an abrupt, well defined edge, and suppuration never takes place while the skin alone is affected. In malignant cases, death has occurred on the third or fifth day; but generally it does not take place before the ninth or eleventh. Dissection shows the mucous lining of the stomach, and the membranes of the brain to be inflamed. The cause of this disease are injuries done to the surface of the body as contusions, punctures, particularly on the scalp, lacerations &c. It also frequently follows operations. Blisters and leech bites have produced it where much irritability existed. Cold, suppressed perspiration, violent passions or emotions of the mind are causes. It sometimes prevails as an Epidemic; and in crowded places or ill ventilated apartments, as Hospitals, Gaols &c. is said to be contagious.

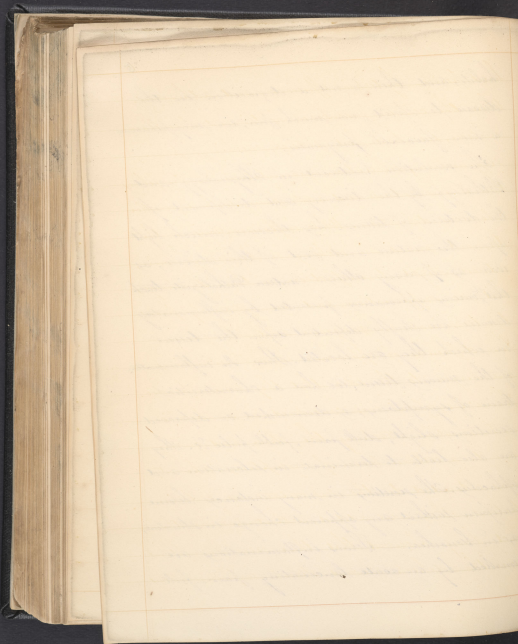


Of this, however, there is reason to doubt, since
 it may go through the wards of a Hospital
 without the aid of contagion, because of the inmates
 being all equally exposed to the predisposing cause.
 Willan says that it can be produced by in-
 oculation, this wants confirmation, since if
 his experiments were performed in a Hospital
 where there was a predisposition to the disease,
 (which is probably) a mere scratch upon the skin,
 without the introduction of any foreign matter
 might be productive of the disease. When this
 disease attacks persons of irritable or intemperate
 habits, the prognosis is difficult, as the inflamma-
 tion spreads rapidly and is liable to terminate
 in gangrene, followed by extensive sloughings,
 with prostration of strength, coma, and Delir-
 ium are unpropitious, and an entire suppres-
 sion of urine is said to be a fatal symptom.
 On the contrary when the patient is of good

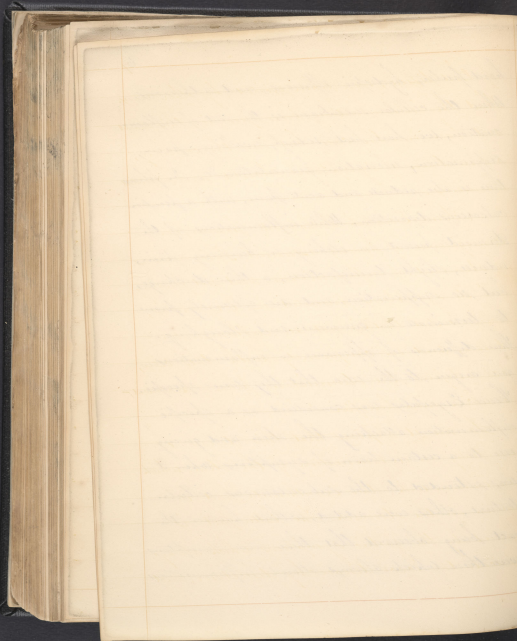


habits, and there is not a disposition in the disease to spread, nor much fear, we may pronounce a more favorable prognosis.

The revolution produced in Physiology and Pathology by the discovery and development of the doctrine of tissues, has thrown much light upon the nature and seat of this disease, as well as of many others. Modern Pathologists teach that the various appearances presented by inflammatory diseases are chiefly dependant upon the tissue in which they are located. Thus in inflammation of the mucous tissue, we have a characteristic train of symptoms; a diminished or depraved secretions, slight, dull pain, full pulse &c. They are also liable to terminate in ulceration and sphacelus. The secretions in many instances become puriform without any apparent change in structure, as in Gonorrhoea. Strong inflammations are marked by an acute lancinating pain, full



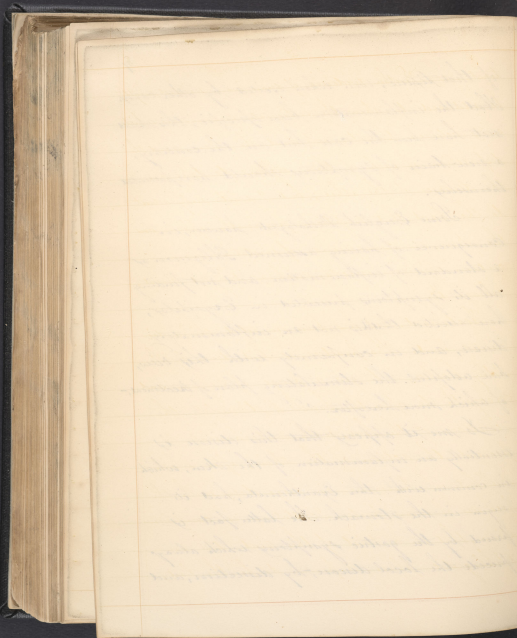
hard pulse, hydropic effusions, and adhesions. When the cellular membrane is the seat of inflammation, we have heat, redness, swelling, pain, suppuration, ulceration, granulation &c. In filings there is also redness and acute pain, with a peculiar calcareous deposition, while inflammation of the Dermoid present an itching or burning pain, redness, slight tumefaction, a thin discharge, but no suppuration, and are extremely prone to terminate in gangrene and sloughing. These differences of appearance in inflammations gave origin to the idea that they were specific. Hence Erysipelas was considered as a specific inflammation attacking the skin and giving rise to a certain train of symptoms. When it was extended to the subcutaneous cellular texture, others were added, without however the fact being observed that these new symptoms were those which always attend inflammation.



of that tissue, even when excited by other causes. Had the inflammation been specific, this should not have been the case but on the contrary, a new train of symptoms should have presented themselves.

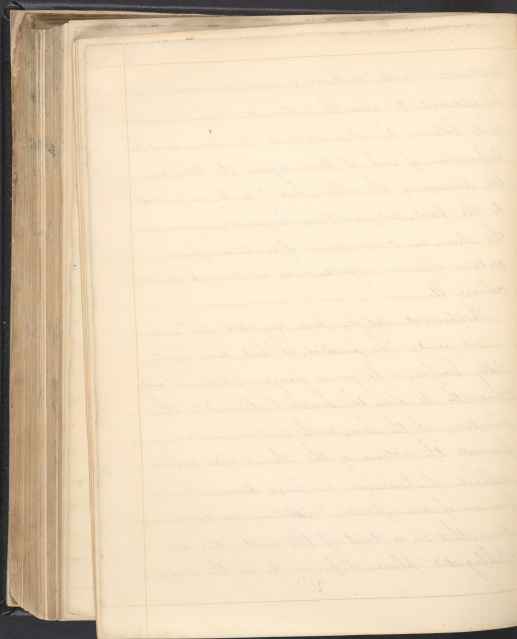
Some English Pathologists however, in consequence of having assumed Phlegmon as a standard of inflammation, and not finding all its symptoms presented in Erysipelas, have asserted that it is not an inflammatory disease, and in conformity with this view, have adopted the stimulating plan of treatment, of which more hereafter.

To me it appears that this disease is essentially an inflammation of the skin, which in common with the Exanthemata, had its origin in the stomach. The latter fact is proved by the gastric symptoms which always precede the local disease, by dissection, and



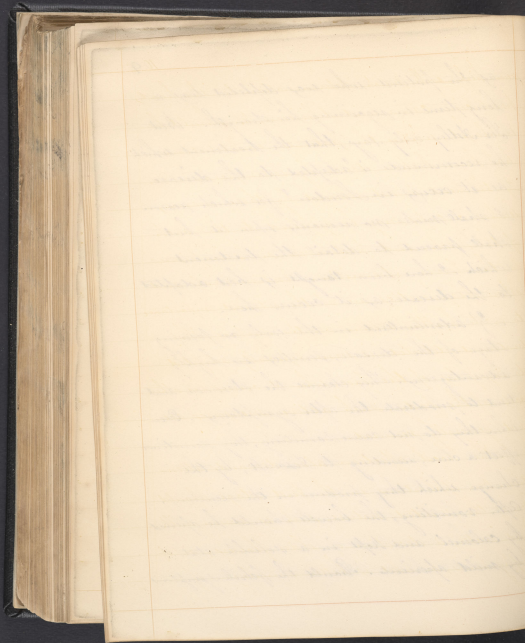
treatment. Further evidence, if more were needed, might be adduced to shew the intimate connexion which exists between the Stomach and the Skin, and the disposition of each of these organs to take on the disease of the other; but I will only advert to the fact, that eruptions frequently appear on the skin, in consequence of irritation from certain offensive ingesta, such as tainted meat, cabbage &c. —

^{1st} Treatment. As has been suggested, this is a disputed point. The practice, as laid down by Dr. Netley Boon, is to give a purge of Calomel and Colocynthis to open the bowels & stimulate the secretions of the Liver, with Antimonials to promote the action of the Skin; after which, sulphate of Quinine in large doses with the free use of wine, porter, &c; stating in confirmation, that in a trial of this and the antiphlogistic plan, it proved to be the best,



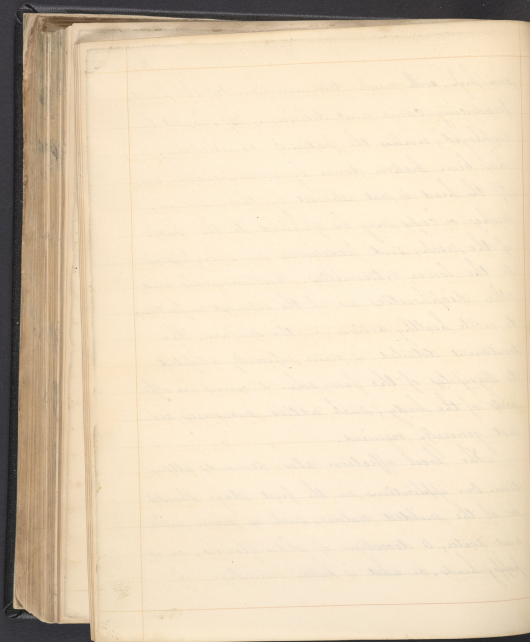
as the patient who was depleted by a long time in regaining his strength. But Sir Astley only says, that the treatment which he recommends is "adapted to the disease as it occurs in London" for which reason I shall make no remarks upon it but shall proceed to detail the treatment which I have been taught is best adapted to the disease, as it occurs here.

If administered in the early or forming stage of the disease, emetics are highly advantageous. They cleanse the stomach and tend to moderate the other symptoms. Even when they do not cause vomiting, they sometimes effect a cure, according to Jussault, by the change which they produce in the secretions. After vomiting, the bowels should be opened by calomel and kept in a soluble state by mild aperients. Should the febrile symptoms



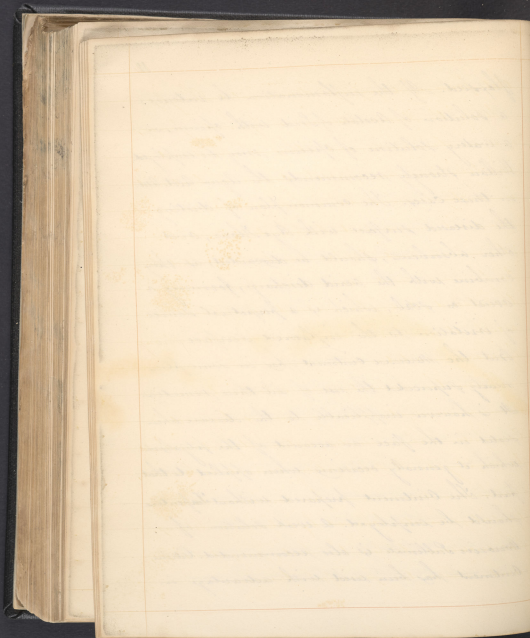
run high, with much determination to the head, producing coma and delirium, bl. should be employed, unless the patient's constitution has been broken down by intemperance &c. If the head is not relieved by these means, leeches or cups may be applied to the back of the neck, and pediluvia or sinapisms to the lower extremities. Antispasmodics and other diaphoretics are of the utmost importance to excite healthy action on the surface. The treatment detailed is more especially adopted to Erysipelas of the face; when it occurs in other parts of the body, such active measures are not generally required.

The local affection also demands attention. Our applications in the first stage should be of the mildest nature; such as rum, milk and water, a decoction of elder flowers, or of poppy-heads, or what is better mucilage of



physed. If the inflammation be intense, a solution of Acetate of Lead with opium, or a watery solution of opium, may be employed. Willan strongly recommends the Aqua Aeth. Sm. in these cases. The common plan of dusting the diseased surface with Rye Flour, and other absorbents, should be discarded, as they combine with the acrid discharge, forming a crust or scab, which is a perpetual source of irritation to the inflamed surface.

But the Mercurial ointment has in some places nearly superseded the use of all these remedies. It is however inapplicable to the disease when seated in the face on account of the ptyalism which it generally occasions when applied to that part. The Ointment prepared without Turpentine should be employed. A weak solution of Corrosive Sublimate is also recommended. Citrine Ointment has been used with advantage in



that form of Erysipelas denominated Shingles.

When the disease assumes a Typhoid form, as in drunkards, and others of shattered constitutions, an opposite course of treatment is mostly required. But is here inadmissible, and after mild purges and diaphoretics, cordials, stimulants and tonics must be resorted to. In the malignant form, when Gangrene is threatened, a blister should be applied to arrest it. Mineral acids are here also strongly recommended.

When the subcutaneous cellular tissue becomes involved, forming what is termed Erysipelas Phlegmonodes, active depletion should be employed. If suppuration cannot be prevented, Hecchymum recommends free incisions through the integuments, followed by saturnine lotions. The incisions deplete the part, prevent sinuses, and relieve the painful tension.

